

Site Emergency Resource Survey

Organization Name: _____

Organization Address: _____

Organization Emergency Coordinator Name: _____

Organization Emergency Coordinator Phone Number: _____

After Hours or Cell Phone Number: _____

Organization Emergency Coordinator Email Address: _____

1. Given the need to shelter people (especially older individuals and individuals with disabilities) in the community following a major disaster, could your facility provide temporary shelter space for one (1) or two (2) days?

____ Yes ____ No ____ Maybe (w/training & support)

If different from the address listed above, please attach the address of each facility to this survey.

2. If you answered "Yes," to question number 1, how many people can you accommodate? (Please check your best estimate)

____ 1 to 25 ____ 26 to 50 ____ 51 to 75

____ 76 to 100 ____ 101 or more (please specify: ____)

3. In an emergency or disaster, what resources (or supplemental services) could your organization provide? Check all that apply.

| | |
|--------------------------------|-------------------------------------|
| ____ Counseling Services | ____ Emergency Power/Generator |
| ____ Temporary Housing | ____ Emergency First Aid |
| ____ Home/Neighborhood Cleanup | ____ Volunteers |
| ____ Site for Food/Water | ____ Kitchen/Cooking Facilities |
| ____ Storage Distribution | ____ Other (please indicate below): |

4. Following a major emergency or disaster, could your facility assist in transporting older individuals and individuals with disabilities to disaster services?

___ Yes (assuming the resources are not in use) ___ No

If you responded "Yes", what transportation resources does your organization have? Check all that apply.

___ Passenger Sedan(s) ___ Vans (Passenger or Cargo)
 ___ Trucks (Including Pickups) ___ Vans with Wheelchair Lifts
 ___ Other (please indicate below):

5. Please indicate the support that your organization could provide with language translation, including sign language, at disaster service centers. List languages (other than English):

6. Given the community that your organization serves, would you be able to help in assessing the needs of older individuals in that community or neighborhood following an emergency or disaster?

___ Yes ___ No ___ Maybe (depending on resources at the time)

Please indicate the names of the areas, neighborhoods, or communities where you would be able to assess the needs of older individuals?

For organizations that provide meal services:

1. Please indicate the type of meal services that your organization provides. Check all that apply.

____ Congregate Meals ____ Home-delivered Meals ____ Emergency Meals

2. Given your resources, could your organization expand meal services following an emergency or disaster to meet the needs in the community?

____ Yes ____ No

If yes, provide the following information for each site that will be able to have expanded meal services:

Site Name: _____

Site Address: _____

Site Number: _____

Site Emergency Coordinator Name: _____

Site Emergency Coordinator After Hours or Cell Phone Number: _____

Site Emergency Coordinator E-mail: _____

After completing this survey, please send an electronic copy to Cynthia Ear, Management Fellow, at cear@css.lacounty.gov or mail it to:

Cynthia Ear
3333 Wilshire Blvd., Suite #400
Los Angeles, CA 90012

**It is the responsibility of the AAA Contractor and Title V Host Agency to contact the AAA Emergency Coordinator or designee if there are any changes to the survey. An updated and completed survey must be provided.*